

<b>Case Number:</b>	CM15-0163877		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/28/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Anesthesiology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female who sustained an industrial injury on 11/28/2014. The mechanism of injury was not mentioned. Treatment provided to date has included: physical therapy, acupuncture, massage, medications, and conservative therapies/care. Recent diagnostic testing (reported in the progress notes) include: MRI of the lumbar spine (date not reported) showing multilevel disc desiccation, congenital short pedicles, facet arthropathy, small synovial effusion, broad-based disc bulge and mild to moderate central stenosis at L3-4, L4-5 bilateral severe facet arthropathy, large synovial effusion, increased T2 signal surrounding the facet joint (left greater than right), grade 1 anterolisthesis, and severe central and foraminal stenosis, and L5-S1 bilateral facet arthropathy and synovial effusion. Comorbidities included hyperlipidemia and gastroesophageal reflux disease. There were no other dates of injury noted. Several documents within the submitted medical records are difficult to decipher. On 07-28-2015, physician progress report (PR) noted complaints of low back pain that is the same as previously noted. The remaining part of the PR was illegible; however, a PR dated 07-27-2015 noted a history of low back pain for many years that improves with ibuprofen and massage. It was reported that the injured worker experienced an exacerbation of low back pain in 11-2014 which resulted in the "insidious onset" of low back pain that was greater in the left buttock than the right and radiated to the leg. The pain was rated 3-9 out of 10 in severity, and was described as a constant achiness across the lumbosacral spine and associated with a sharp stabbing pain. Additional complaints included paresthesia or numbness over the left thigh and anterior leg, knee pain, and anxiety. Current medications include fenofibrate, fish oil, cyclobenzaprine, hydrocodone-acetaminophen, Carafate, estradiol, Centrum Ultra, Vitamin D and famotidine. The physical exam revealed a flattened lordosis of the lumbar spine, spasms upon extension and

lateral bend, painful and restricted range of motion, and tenderness to palpation of the lumbar paraspinals and PSIS (posterior superior iliac spine) with the left worse than the right. Examination of the lower extremities showed no abnormalities. The provider noted diagnoses of spinal stenosis of the lumbar spine without neurogenic claudication, acquired spondylolisthesis, spinal stenosis, and unspecified thoracic or lumbar neuritis or radiculitis. Plan of care includes laboratory testing for systemic signs of systemic inflammation, future prescribing of prednisone after completion of laboratory testing, x-rays of the lumbar spine, possible future trial of lumbar epidural steroid injections and surgical consultation, and follow-up for review of x-rays and further treatment. The injured worker's work status was noted as modified duty. The request for authorization and IMR (independent medical review) includes: CKP, CRP, ESR, Vitamin D 25H, and x-rays of the lumbar spine, flexion, lateral and extension #1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**CPK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** Creatine phosphokinase (CPK) is an enzyme found mainly in the heart, brain, and skeletal muscle. The CPK is enzymes test measures the different forms of CPK in the blood. There is no specific indication for this test. Medical necessity for the requested test has not been established. The requested test is not medically necessary.

**CRP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** The C-reactive protein (CRP) test is used to detect inflammation. CRP is an acute phase reactant, a protein made by the liver and released into the blood within a few hours after tissue injury, the start of an infection, or other causes of inflammation. There is no specific indication for this test. Medical necessity for the requested test has not been established. The requested test is not medically necessary.

**ESR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

**Decision rationale:** The sedimentation rate (sed rate or ESR) is a blood test used to detect inflammation in the body. The ESR rate increases as a result of any cause or focus of inflammation. When an inflammatory process is present, fibrinogen enters the blood in high amounts and causes red cells to stick to each other, which raises the ESR. Moderate elevations are common in active inflammatory diseases. ESRs also can be very helpful in diagnosing and monitoring chronic pain patients. Even though the mechanism may be unclear, a patient with an elevated ESR should be assumed to have a chronic, inflammatory focus. In this case, the clinical picture of systemic disease has not been established. There is no specific indication for this test. Medical necessity for the requested test is not established. The requested test is not medically necessary.

**Vitamin D 25H:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter: Vitamin D (cholecalciferol).

**Decision rationale:** In regards to Vitamin D 25H, the ODG states that Vitamin D (cholecalciferol) is not recommended for the treatment of chronic pain. "Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors." In this case, the injured worker has a history of chronic pain; however, there was no evidence of low vitamin D levels to support this request. As such, the requested Vitamin D 25H is not medically necessary.

**X-ray of the lumbar spine, flexion, lateral and extension qty 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine X-rays.

**Decision rationale:** Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. According to the American College of Radiology, "It is now clear from previous studies that uncomplicated acute low back pain is a benign, self-limited condition that does not warrant any imaging studies". Indications for plain x-rays include, lumbar spine trauma with pain and tenderness, neurologic deficit, or chance of a fracture. In addition, x-rays are indicated for uncomplicated low back pain, steroids, osteoporosis, age over 70, suspicion of cancer or infection; myelopathy and post-surgery to evaluate the status of a fusion. In this case, the patient has chronic low back pain and there are no acute changes are noted. Medical necessity for the requested services has not been established. The requested services are not medically necessary.